

APPLICANT(S): LEVY, Andrew  
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### AMENDMENTS TO THE CLAIMS

Please amend the claims to read as follows, and cancel without prejudice or disclaimer to resubmission in a divisional or continuation application claims indicated as cancelled:

1. (Currently amended) A method of determining a potential of a diabetic patient to benefit from anti oxidant therapy for treatment of a cardiovascular complication, the method comprising determining a haptoglobin phenotype of the diabetic patient and thereby determining the potential of the diabetic patient to benefit from said anti oxidant therapy, wherein said benefit from said anti oxidant therapy to a patient having a haptoglobin 2-2 phenotype is greater compared to patients having haptoglobin 1-2 phenotype or haptoglobin 1-1 phenotypes.

2. (Cancelled)

3. (Currently amended) The method of claim 1 ~~[[2]]~~, wherein said cardiovascular complication is a macrovascular complication selected from the group consisting of chronic heart failure, cardiovascular death, angina, ~~stroke~~, myocardial infarction, fewer coronary artery collateral blood vessels, myocardial ischemia and coronary angioplasty associated restenosis.

4. to 11. (Cancelled)

12. (Original) The method of claim 1, wherein said determining said haptoglobin phenotype is effected by directly determining the haptoglobin phenotype of the diabetic patient.

13. (Original) The method of claim 12, wherein step of determining said haptoglobin phenotype is effected by an immunological detection method.

14. (Original) The method of claim 13, wherein said immunological detection method is selected from the group consisting of a radio-immunoassay (RIA), an enzyme linked immunosorbent assay (ELISA), a western blot, an immunohistochemical analysis, and fluorescence activated cell sorting (FACS).

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15. (Currently amended) A method of determining the importance of reducing oxidative stress in a diabetic patient so as to prevent a diabetes-associated cardiovascular complication, the method comprising the step of determining a haptoglobin phenotype of the diabetic patient, thereby determining the importance of reducing the oxidative stress in the specific diabetic patient, wherein said importance of reducing oxidative stress is greater in a patient having a haptoglobin 2-2 phenotype compared to patients having haptoglobin 1-2 phenotype or haptoglobin 1-1 phenotypes.

16. (Cancelled)

17. (Currently amended) The method of claim 15 ~~[[16]]~~, wherein said vascular complication is a macrovascular complication selected from the group consisting of chronic heart failure, cardiovascular death, angina, stroke, myocardial infarction, fewer coronary artery collateral blood vessels, myocardial ischemia and coronary angioplasty associated restenosis.

18. to 25. (Cancelled)

26. (Original) The method of claim 15, wherein said step of determining said haptoglobin phenotype is effected by directly determining the haptoglobin phenotype of the diabetic patient.

27. (Original) The method of claim 26, wherein said step of determining said haptoglobin phenotype is effected by an immunological detection method.

28. (Original) The method of claim 27, wherein said an immunological detection method is selected from the group consisting of a radio-immunoassay (RIA), an enzyme linked immunosorbent assay (ELISA), a western blot, an immunohistochemical analysis, and fluorescence activated cell sorting (FACS).

29. (Cancelled)